Institute *for* Healthcare Improvement

Roadmap to
Developing Action Steps for QI 13

Identify your Goal: For Quality Indicator (QI) 13, your goal is:

Increase the percentage of individuals with adequate crisis assessments.

Define your Goal:

What does your goal mean? Specifically what does it mean to have an adequate crisis assessment?

A crisis assessment/screening is adequate if the assessment was conducted in a timely manner and identifies individual risks, protective factors, and coping skills/interventions (CMHA V.C.1).

Identify the Objectives Associated with your Goal:

What questions do you intend to answer in association with this Goal? For QI 13, the questions you should focus upon to reach your goal of increasing the percentage of individuals with adequate crisis assessments are:

1. Are your staff responding to crises timely? (Measure 13a)
2. Are your staff assessing risk during each crisis? (Measure 13b)
3. Are your staff assessing protective factors during each crisis? (Measure 13c)
4. Are your staff assessing coping skills/interventions during each crisis? (Measure 13d)

Plan & Development of Action Steps
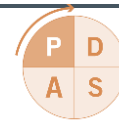
What are the Areas that you might look at to improve? Best practices are to assess your current status regarding this goal in the following areas:

A) Policy

Do you have a policy that outlines the crisis/emergency response time expectations in accordance with contract requirements? Do you have a policy about what a crisis assessment looks like (what factors it should contain, like a risk assessment and assessment of protective factors and coping skills/interventions)? Do you have a policy about who conducts these assessments and how these assessments are documented?

B) Practice

Are your crisis workers implementing your policies? If not, what are the variables impacting correct and consistent implementation?

C) Process

Is there an obstacle in the flow of a crisis contact being made and the crisis worker being able to respond? For example, does the answering service have immediate access to the individuals that must be contacted when a crisis call comes in? Do all individuals' voice mails work correctly? Is there service available if

pagers or internet contact is used? Are the back-up plans in place and working if there are multiple calls or an initial response individual or team is unavailable? Is it clear who responds during business hours and who responds afterhours?

D) Workforce Development

Are all individuals involved in your crisis response aware of your policies, practices, and processes? Are there new ways of responding to crises or documenting crises that require staff development or training?

E) Technology Improvement

Are there tools, such as cell phones, pagers, laptops or new or updated software that are needed to help you reach your goal? Is your current technology adequate and working correctly? For example, if using pagers, are there enough for each person? Do they work in all areas? Do your crisis workers all have reliable and consistent connection? If using cell phones, do all staff have cell phones? Are they all working? Are there coverage or plan problems that need to be addressed? Does the agency have policy/practices to explore if the individual has capacity for calls, internet, etc? If not, what is the backup plan?

Identifying Improvement Strategies

Don't feel that you have to idenitfy all improvement strategies on your own.

Ask your staff for ideas, ask your colleagues at the other centers or in other states for ideas, research online, watch videos, read books, do not fear looking to other professions for ideas about how those professions have approached improving common areas of concerns (e.g., the general health care field may provide improvement strategies that have been implemented to assist in crisis response or staff retention/recruitment that could be transferred into or modified for your environment).

Additionally, please refer to the end of this document for suggested action steps that may assist you at your center or spark ideas for your improvement plan.

Determining which Improvements to Make

When you have identified several ideas about how to improve or develop identified problem areas and are finalizing your action steps to make those improvements, but before making your final decisions on your action steps, determine which improvement actions will have the most impact with the least amount of resources/effort involved. For example:

1. A common response in quality improvement plans is to identify training as the action step needed. Before assuming that this is the most effective way to address this area, ask yourself the following questions: Are your crisis staff really unaware that they must document crisis calls or that they must respond timely? Are your crisis staff really unaware that they must document that risk, protective factors, and coping skills have been assessed? If the reason your crisis workers are not responding timely is because of a software glitch, or because they have not been granted access to certain crisis notes templates, more training about documentation is not going to have any impact on the root cause impacting this quality indicator. Do not spend more time and resources on training if knowledge and staff development is not at the root of why adequate crisis assessments are not occurring consistently.

2. A common response in quality improvement plans is to identify more staff as the action step needed. More staff may be exactly what is needed, but your action steps need to also identify what you will be

doing to ensure that adequate crisis assessments are made for the individuals in your care right now regardless of your current staffing situation. You must still be assessing whether you have clear policies in place, whether staff are correctly and consistently applying those policies and if not, why not, and whether there are any process or technology obstacles or improvements that could be made right now to assist your current staff helping to increase the percentage of individuals with adequate crisis assessments.

3. Another common response in quality improvement plans is to identify new technology as the action step needed. This too may be exactly what is needed, but your action steps must also identify the areas you will be addressing in the interim, while prioritization and financing of technology improvements occur, to ensure that you increase the percentage of individuals with adequate crisis assessments.

4. Use tools like the Pick (Possible, Implement, Challenge, and "Kill") Chart to determine what you should do to make a difference, and to assist you in choosing the change that will have the biggest impact with the smallest amount of investment.

5. To help build buy-in with your staff, consider choosing improvements that will result in data that can be shared with staff to demonstrate that the changes are resulting in improvements (and then don't forget to share your successes with your staff).

Data Collection Plan

Quick and easy data collection is key in your improvement plan to assess whether your action steps are helping you to increase the percentage of individuals with adequate crisis assessments. Some questions to consider when developing your data collection plan:

What key process measure(s) for your action steps are you seeking to improve?

What data will you need to collect to determine if the process measures are improving? Will you use random sampling? Judgment sampling? Proportional stratified random sampling?

What qualitative data do you need (e.g., will you collect information from clients or staff about their experience with the change)?

How will the data collection take place (when/how often, where, and by whom)?

Who will analyze the data and share the findings?

Do

Testing

If you have decided that a change will be applied globally at your center, great. It is also perfectly acceptable to start small with a few cases to test your ideas to determine if improvements occur. The quarterly progress reports you will be submitting allow you to track your observations for large scale changes as well as for smaller tests and to document when you increase the scale and/or scope of your tests to include larger numbers of individuals. You may also be able to start small and then increase your scale to larger numbers of individuals all in one quarter, which again can be explained in your quarterly progress report.

Observations

Are the changes you have adopted getting you where you want to be? The only way to know is to look at the outcome measures you have identified in your data collection plan above and determine the number of times you are succeeding and if that number has increased.

The goal is not to pick just one action step and stick with it until the very end of the QSR cycle. You are learning as you go to "adopt, adapt, or abandon." If a change is not working, adjust it. That is not a weakness of your design, it is an essential element of the learning and quality improvement process.

- Record any adjustments, both intentional and unintentional, in your QIP quarterly progress report outlining what you learned, why you are adjusting or abandoning a step, and what you plan to do instead based upon what you have learned and the data collected.

- Analyze the data (consider using a graph or chart): visuals help sell your idea to others, such as your staff, your clients, senior management, and the Board.

- Measures: these are your identified outcome measures to improve in your action steps. There are also process measures that tell you if the parts or steps in the system are performing as planned to affect the outcome measures. Finally, there are balancing measures or "side effect" measures: are the changes you implemented introducing problems elsewhere? Not all side effects are negative, but are there adjustments to your action steps that are needed to temper any negative side effects? If so, identify these changes in your quarterly progress report.

Study

Questions

When you decided upon your action steps, you anticipated that they would help improve the percentage of individuals with adequate crisis assessments.

1. Did the changes lead to improvement? Why or why not? If your action step failed to show improvements, was it because the action step was not conducted as planned? Were there issues with data collection? If the action step was conducted as planned and data collection went smoothly, but data shows no improvement, the action step may not be an improvement, may need to be abandoned, or the root cause of the problem was not adequately identified and tools such as the "5 Whys" or a Fishbone diagram may need to be re-explored.

2. Did no changes (positive or negative) occur? What happened here? This may mean that the change identified was not instrumental because the root cause has not been adequately identified (e.g. action step focuses on training and workforce development, when the root cause is technology issues). However, there could have been other variables involved (pandemic, other improvement plans that disrupted this plan, weather event, etc.). Identify all variables that may have impacted the results of your action steps when determining whether to adjust or abandon.

3. Did the action step lead to improvements in this particular QI but caused negative repercussions in other areas?

Act

Next Steps: All improvement requires change, but not all change results in improvement. Based on what you learned, will you adopt, adapt, or abandon? What might you refine or do differently in your next quarter?

Potential Action Steps for QI 13

Below are potential action steps that might be used to address the goal of increasing the percentage of individuals with adequate crisis assessments. Action steps from different areas and/or more than one Action Step from one or more areas below may be needed in concert to achieve results. These are recommendations only that may adopted as is, adapted to meet the unique needs of your CMHC, or used to help you brainstorm for the action steps that best work for your Center.

Policy-related Action Steps for QI 13

- Within 3 months, the CMHC will review/revise/develop policy regarding crisis documentation that provides the direction and defines the structure needed to adequately assess risk, protective factors, and coping skills to ensure compliance with contract requirements and evidence-based practices.

- Within 4 weeks, the CMHC will review/revise agency policy regarding crisis/emergency response time to ensure compliance with contract requirements and best practice standards.

Practice-related Action Steps for QI 13

- Each month, x random ES Contact Notes will be audited for documentation of assessments of risk, protective factors, and coping skills assessments; every note that does not contain the required information will result in follow-up with the ES staff person for correction within 7 days.

- For 3 consecutive months, CMHC crisis workers will respond to x% of all crisis/emergency callers/clients within y% of the expected response time.

- By April, and annually afterwards, distribute the newly created "pocket cards" which describes for clients what to do to access services in a crisis, to all existing clients.

- Over the next 4 months, CMHC QA staff/clinical supervisors will review x% of all crisis contacts each month for evidence of communication to consumer of expected response time, such as "in January there were 100 crisis contacts, 10 contacts were reviewed, and 9 or 90% of this sample of contacts had documented evidence that the person was informed of crisis response procedures and the expected response time."

Process-related Action Steps for QI 13

- The clinical record ES note template will be updated within 3 months to include the required risk, protective factors, coping skills, intervention, and plan components to provide a visual reminder for staff to complete at the time of crisis.

- Over the next 4 months, the CMHC will develop and implement a procedure including monthly reporting of crisis/emergency calls and documentation practices to ensure timeliness and adequacy of the assessment/screening.

- Within 2 months, the CMHC will develop a monthly QI strategy to review and track 10% of all crisis/emergency documentation focusing upon the presence of risk, protective factors, and coping skills.

- By August, crisis plans will include information about expected response times.

- In the next two weeks and then monthly afterwards, the answering service will be given an updated list of ACT clients to ensure calls are properly routed.

- By January, establish a methodology for collecting baseline data to assess timeliness from call to contact for ES/ACT staff.

- On a monthly basis, the ES Program Director will audit 20 completed ES evaluations against ES call logs to ensure ES Staff return after-hours client crisis calls within policy time frames.

- By March, print and distribute newly created "pocket card" which describes for clients what to do to access services in a crisis.

- In the next 3 months, review on a monthly basis a minimum of 10 client charts to assess that crisis assessments and progress notes include an assessment of risk, protective factors, and coping skills.

- By May, distribute on a monthly basis to staff and Team Leaders results of the monthly chart reviews and review those results at the monthly ES staff meetings, discussing concerns and solutions to issues discovered regarding timeliness or ES documentation that does not include risk, protective factor, or coping skill assessment.

Workforce Development-related Action Steps for QI 13

- By September, the CMHC will develop and implement annual refresher trainings in lethality assessment and documentation requirements for assessment of risk, protective factors, and coping skills.

- Within x amount of time, all 1st contact staff will be trained to communicate to consumers the expected crisis response times and document the action in the record.

- Within 2 months, the CMHC will develop and rollout a specific lethality assessment training to all direct service staff with crisis/emergency assessment responsibility. The training will include a review of assessment and documentation of risk assessment, protective factors, and coping skills.

- Over the next 3 months, all crisis response clinicians will receive weekly case-specific performance feedback on crisis response time.

- Over the next 6 months, CMHC clinical supervisors will provide weekly/regular supervisory feedback regarding the quality of crisis/emergency assessments and documentation particularly in terms of risk factors, protective factors and coping skills.

- By July, clinical supervisors will develop a regular group or individual supervision structure where a qualitative review occurs of one or more actual crisis/emergency contacts that includes a focus on risk, protective factors, and coping skills assessment and documentation requirements.

Technology Improvement-related Action Steps for QI 13

- By April, revise electronic ES note template to create a prompt to assure that risk, protective factors, and coping skills are addressed and documented, including an alert if a section is not completed.

- By June, ensure all members of the ES response team, including ACT Team members are granted access to ES note templates so that all notes may be completed electronically.